245.80A

Nitrate-Bacteria Water Testing Log

Overview

Introduction A copy of the form, Nitrate-Bacteria Water Testing Log, is printed on the following page.

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Special Formula Medical Documentation

Medical documentation is required for WIC to authorize special formulas and any supplemental foods for those participants receiving these formulas. Please complete this form in its entirety, sign page 2 and return to the WIC agency.

Participant Name/DOB:
Parent/Guardian Name:
WIC Agency Contact Information and Office Hours:

Formula

Please mark the qualifying medical condition(s)/ICD-9 Code(s) related to formula prescribed:

477.9 Allergy, Food (cow's milk protein, soy)	**783.4** Failure to Thrive – Inadequate Growth
281.9 Anemia	**271.1** Galactosemia
279.4 Autoimmune Disorder	**279.3** Immunodeficiency
746.9 Congenital Heart Disease	**646.8** Low Maternal Weight Gain
748.9 Congenital Anomaly, Respiratory	**271.3** Lactose Intolerance
751.9 Congenital Anomaly, GI	**783.2** Maternal Weight Loss During Pregnancy
749.0 Cleft Palate	**651** Multifetal Gestation
749.1 Cleft Lip	**358.9** Neuromuscular Disorder
343.9 Cerebral Palsy	**270.1** Phenylketonuria (PKU)
277.0 Cystic Fibrosis	**765.1** Prematurity
783.4 Developmental Delay	**Other Diagnosis with ICD-9 Code** (please specify):
250.01 Diabetes Mellitus Type 1	

Formula name:	**Prescribed amount in ounces per day:**

Physical Form (must be completed for premature or immunocompromised infants):
□ powder □ concentrate □ ready to feed

Preparation and use if not standard dilution:	**Length of time medically required:**

Supplemental Foods

Please mark which supplemental foods are allowed for this participant. The WIC staff will then work with the participant to provide amounts within the federal guidelines.

□ **Please mark this check box if no supplemental foods are allowed.**

Participant Type	Supplemental Foods	Allowed	Supplemental Foods	Allowed
Infants (6-12 mo)	Infant cereal		Infant food vegetables/fruit	
Children and Women	Milk – Fat free or 1%		Vegetables/Fruits	
	Milk – Whole		Whole wheat bread	
	Soy beverage		Brown rice	
	Tofu		Soft corn tortillas	
	Cheese		Whole wheat tortillas	
	Eggs		Beans (legumes)	
	Cereal		Peanut butter	
	Juice		Canned fish	

Authorization/Autorización:

I authorize the persons or agencies named above to exchange any information contained in the clinical record of this participant/ Yo autorizo a las personas o agencias anteriormente mencionadas para intercambiar cualquier información contenida en el registro clínico de este participante.

_____ _____ _____

Signature of participant or parent/guardian Signature of witness Date

Signature & Printed Name of Prescribing Authority (MD/DO/PA/ARNP):

Date:	**Telephone Number:**